C.S.A. MONITORING: ON-SITE REVIEW SCORESHEET

Date:	Funding Amount:
Agency Name:	
Report/Month Monitored:	No. of files Monitored:
Agency Rep's Present:	

A.   **OFF-SITE REVIEW:** (Review "Off-Site Review" results with agency representative(s))   ☐
  COMMENTS/FEEDBACK:

B.   **ON-SITE ADMINISTRATIVE REVIEW SUMMARY:** (To be filled out during on-site review visit. Each "No" response indicates findings in that area. See "On-Site Scoring Summary" section below for more information)

  1)   Is Seminole County CSA Program Coordinator on agency mailing list?   N/A ☐ Y ☐ N ☐

  2)   Background Checks conducted?   N/A ☐ Y ☐ N ☐

C.   **ON-SITE FILE AUDIT SUMMARY:** (to be filled out during on-site review visit. Each "No" response indicates findings in that area. See "On-Site Scoring Summary" section below for more information.)

  3)   Units documented in client files or agency records?   N/A ☐ Y ☐ N ☐

  4)   Proof that units were provided within Seminole County?   N/A ☐ Y ☐ N ☐

  5)   Client files/agency records available for review?   N/A ☐ Y ☐ N ☐

  6)   All requested information available day of visit?   N/A ☐ Y ☐ N ☐

D.   **ON-SITE SCORING SUMMARY:**
  (Basic (B) = 1 point; Moderate (M) = 2 points; Urgent (U) 3 points).

SECTION (A, B, C)	ID#	TYPE (B,M,U)	NO.	POINTS	DESCRIPTION (Brief description of finding and action required by agency)	ACTION NEEDED
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
TOTAL ON-SITE REVIEW SCORE:						

NOTES:

C.S.A. MONITORING: ON-SITE REVIEW WORKSHEET

B. **ON-SITE ADMINISTRATIVE REVIEW SUMMARY:** (To be filled out during on-site review visit. Each "No" response indicates findings in that area)

1) Is Seminole County CSA Program Coordinator on agency mailing list?   N/A ☐ Y ☐ N ☐

FINDINGS: (B)_____ (M) _____(U) _____

Mailings (newsletter, annual report, events, solicitations, etc):	Received

COMMENTS:

2) Background checks conducted?   N/A ☐ Yes ☐ No ☐

FINDINGS: (B)_____ (M) _____(U) _____

EMPLOYEE'S REQUIRING BACKGROUND CHECK:

EMPLOYEE NAME (pulled at random during on-site review)	CHECK	EXPLANATION
	Y ☐ N ☐	
	Y ☐ N ☐	
	Y ☐ N ☐	
	Y ☐ N ☐	
	Y ☐ N ☐	

COMMENTS:

C.	**ON-SITE FILE AUDIT SUMMARY:** (to be filled out during on-site review visit. Each "No" response indicates findings in that area. See "On-Site Scoring Summary" section below for more information.

3)   Units documented in client files or agency records?   N/A ☐ Y ☐ N ☐

FINDINGS: (B)_____ (M) _____(U) _____

Unit = _____
Units billed for the month of:_____
Documentation type: Client files   ☐   Receipts ☐   Agency Records ☐

CLIENT FILES "MONITORED" (RANDOM):

Client name or ID Number	No. of units reported	No. of Units Docum.	O.K.	Problem	Explain
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

COMMENTS:

4)   Proof that units provided within Seminole County?   N/A ☐ Y ☐ N ☐

FINDINGS: (B)_____ (M) _____(U) _____

"MONITORED" CLIENTS (RANDOM)

RESIDENT?

CLIENT ID	Yes	No	CITY OF RESIDENCE
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

COMMENTS:

5)   Client files/agency records available for review?   N/A ☐ Y ☐ N ☐

FINDINGS: (B)_____ (M) _____(U) _____

CLIENT NAME OR ID#	FILE/Rcd. AVAILABLE	FILE/Rcd. UNAVAILABLE	REASON UNAVAILABLE

COMMENTS:

6)   All requested information available day of visit?   N/A ☐ Y ☐ N ☐

FINDINGS: (B)_____ (M) _____(U) _____

COMMENTS: